



# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # 790272</b> 1. Entity Name <b>CLAY ELECTRIC COOPERATIVE, INC.</b>						FILED 07 APR 11 PM 2:12 DEPARTMENT OF STATE TALLAHASSEE, FLORIDA																	
Principal Place of Business 225 W. WALKER DRIVE P. O. BOX 308 KEYSTONE HEIGHTS, FL 32656			Mailing Address 225 W. WALKER DRIVE P. O. BOX 308 KEYSTONE HEIGHTS, FL 32656																				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		03212007 Chg-NP CR2E037 (12/06)		4. FEI Number <b>59-0196695</b>		Applied For Not Applicable															
Suite, Apt. #, etc.		Suite, Apt. #, etc.		City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required															
Zip		Country		Zip		Country		6. Name and Address of Current Registered Agent															
PHILLIPS, WILLIAM C. 225 W. WALKER DR. KEYSTONE HEIGHTS, FL 32656		7. Name and Address of New Registered Agent		Name		Street Address (P.O. Box Number is Not Acceptable)		City															
State		Zip Code		FL		200705442102 04/11/07--01006--011 **70.00		8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, and accept the obligations of registered agent.															
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>				(NOTE: Registered Agent signature required when reinstating)		DATE _____																	
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees		Make check payable to Florida Department of State																
10. OFFICERS AND DIRECTORS					11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD HASTINGS, ANGUS 17188 NE 45TH AVENUE ROAD CITRA, FL 32113	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	T/D Smith Jr, Kelly R. 1526 Hwy 17 North Bostwick, FL 32007	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MULLINS, ROBERT S. 10334 SE STATE RD. 100 STARKE, FL 32091	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MALPHURS, THOMAS L 17216 N.W. 262 AVE. ALACHUA, FL 32615	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SMITH, CEDRICK M JR 108 NE 6TH AVE WILLISTON, FL 32696	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GNANN, FLOYD 4138 EVERETT AVENUE MIDDLEBURG, FL 32068	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.																							
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					4/2/07 (352) 473-8000 <small>Date Daytime Phone #</small>																		

10. OFFICERS AND DIRECTORS		11. OFFICERS AND DIRECTORS CHANGES	
7.1 TITLE		7.1 TITLE	D Change X Addition
7.2 NAME		7.2 NAME	Dean, Laura G.
7.3 ADDRESS		7.3 ADDRESS	6461 Baker Rd.
7.4 CITY-ST-ZIP		7.4 CITY-ST-ZIP	Keystone Heights, FL 32656
8.1 TITLE		8.1 TITLE	D Change X Addition
8.2 NAME		8.2 NAME	Reeves, Susan S.
8.3 ADDRESS		8.3 ADDRESS	12828 S Hwy 301
8.4 CITY-ST-ZIP		8.4 CITY-ST-ZIP	Hawthorne, FL 32640
9.1 TITLE		9.1 TITLE	D Change X Addition
9.2 NAME		9.2 NAME	Whitehead Jr, John Henry
9.3 ADDRESS		9.3 ADDRESS	10320 NE 207th Lane
9.4 CITY-ST-ZIP		9.4 CITY-ST-ZIP	Lake Butler, FL 32054
10.1 TITLE		10.1 TITLE	CEO Change X Addition
10.2 NAME		10.2 NAME	Phillips, William C.
10.3 ADDRESS		10.3 ADDRESS	225 W. Walker Dr.
10.4 CITY-ST-ZIP		10.4 CITY-ST-ZIP	Keystone Heights, FL 32656